



Investment Account Application

* mail this application to Caspian Trading, Uppsala-Ekeby Industrihus ing. A21, Uppsala-Sweden.

1 INDIVIDUAL OR JOINT INFORMATION

Type of registration: Individual registrant Joint registrant

Registrant

First Name: _____ MI: _____ Last Name: _____

Social Security Number (for US Citizens only): _____ Date of Birth: _____

Please select one: U.S. Citizen Non U.S. Citizen

Joint Registrant (leave blank if individual registrant)

First Name: _____ MI: _____ Last Name: _____

Social Security Number (for US Citizens only): _____ Date of Birth: _____

Please select one: U.S. Citizen Non U.S. Citizen

2 CONTACTS

If the mailing address is a post office box, a street address is also required.

Registrant Street Address

Street Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Registrant Mailing Address

Mailing Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Registrant Other Contacts

Email: _____ Daytime Phone: _____ Evening Phone: _____

State: _____ Zip: _____ Country: _____

Joint Registrant Street Address (required if different than Registrant Street Address above)

Street Address: _____ City: _____

State: _____ Zip: _____ Country: _____



Variable Income Programs

Program Name:	Dollar Amount Invested
STOCKS DAY TRADING	\$ _____ (min \$1000)
MICRO CAP STOCKS	\$ _____ (min \$500)
SMALL CAP STOCKS	\$ _____ (min \$500)
MID CAP STOCKS	\$ _____ (min \$500)
LARGE CAP STOCKS	\$ _____ (min \$500)

Fixed Income Programs

Fixed Return Program

Program period: 1 year 3 year 5 years 8 years
Dollar Amount Invested \$ _____ (min \$500)

Fixed Annuities

Program period: 3 year 5 year 10 years 13 years
Quarterly Amounts Invested \$ _____ (min \$100)

Immediate Annuities

Program period: 3 year 5 year 8 years 10 years
Dollar Amount Invested \$ _____ (min \$2000)

Annual Fixed Return

Program period: 3 year 5 year 8 years 10 years
Dollar Amount Invested \$ _____ (min \$2000)

Fixed Monthly Return

Program period: 3 year 5 year 8 years 10 years
Dollar Amount Invested \$ _____ (min \$2000)



4 HOW DID YOU HEAR ABOUT CASPIAN TRADING?

Please select one or several options:

- Newspaper / Magazine
 Television Commercial
 Mosque Appearance
 Internet Banner
 Search Engine

Other: _____

5 ARE YOU INTERESTED IN RECEIVING YOUR STATEMENTS AND REPORTS ELECTRONICALLY?

- Please send my account statements by email (weekly): _____

6 ACCOUNT MANAGEMENT INFORMATION

Please specify a secret word that would be asked if you would like to manage your account by phone: _____

Please provide answers to three secret questions that would be asked if your IP address is different from your usual one:

Your mother's maiden name: _____

Your pet's name: _____

Your favorite game: _____

7 SIGNATURES & OTHER REQUIRED INFORMATION

I understand and certify that I have the financial resources to enter into this agreement and that I fully understand the trading objectives of my agent and attorney-in-fact designated above which have been thoroughly explained to me.

Signature of Account Owner Date

Signature of Account Owner Date